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CONFIRMATION NO. 1728

SERIAL NUMBER 10/616,215	FILING DATE 07/09/2003 RULE	CLASS 716	GROUP ART UNIT 2825	ATTORNEY DOCKET NO. CHIP 2720000						
APPLICANTS Uwe Meding, Allen, TX; ** CONTINUING DATA <i>NONE HR</i> ***** ** FOREIGN APPLICATIONS <i>NONE HR</i> ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/06/2003										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>M. R. Roshab HR</i> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 7						
ADDRESS 21909 CARR LLP 670 FOUNDERS SQUARE 900 JACKSON STREET DALLAS, TX 75202										
TITLE Isomorphism method and apparatus										
FILING FEE RECEIVED 543	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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